

NAL TRANSFER REQUEST FOR S.N.

09/804520

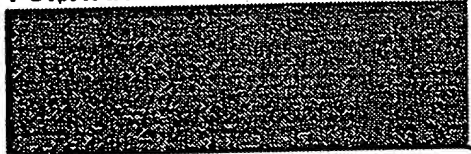
DATE: <u>30 MAY 90</u>	FROM: <u>JOHN J. 207760</u> (print name)
FORWARD TO: A. Art Unit: <u>2634</u> B. Class: <u>375</u> C Subclass: <u>222</u>	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input checked="" type="checkbox"/> (check box) C. See Abstract <input checked="" type="checkbox"/> (check box) D. See Claim(s): <u>all</u>

FURTHER EXPLANATION IF NEEDED:

claims directed to a DMT transmitter

DATE: _____	FROM: _____ (print name)
FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____ (print name)
FORWARD TO CLASSIFIER 	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED: